



Lake Sunapee Region VNA & HOSPICE

Volunteer Application

Name: _____ DOB: _____

Address: _____

Email Address: _____

Phone: _____ Cell Phone: _____

Education Background: _____

What other organizations have you volunteered for, if any? _____

Foreign Language Ability, if any: _____

How did you learn about LSRVNA and its programs? _____

Have you ever been convicted of a crime? _____

Do you have your own transportation? _____

Are you a Veteran? Yes No

Please indicate your areas of interest:

Administrative Clinics Renaissance Shoppe Hospice

Good Day Respite Program Special Events Other

Hospice We Honor Veterans Program

L:Groups/Everyone/Forms/Employee Applications etc./Application Volunteer

Special Training/Interests or Skills: _____

(Continued on the back)

I am available on: (Circle all that apply)

| | | | | | | |
|----------|------------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Mornings | Afternoons | Evenings | Nights | | | |

Signature

Date

Please return to: Human Resources
LSRVNA
P. O. Box 2209
New London, NH 03257-2209

Lake Sunapee Region Visiting Nurse Association and Affiliates
PO Box 2209, New London, NH 03257

Reference Request #1

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____ Date _____

Below this Line is For Completion by the VNA

| Please (X) the appropriate space. | Exceeded requirements | Met requirements | Unsatisfactory |
|---|-----------------------|------------------|----------------|
| Quantity of Work | | | |
| Quality of Work | | | |
| Attitude and Compatibility | | | |
| Attitude and Compatibility | | | |
| Cooperation with Supervisor(s) | | | |
| Responsibility and Dependability | | | |
| Attendance and Punctuality | | | |
| Reaction under Stress | | | |
| Professional Appearance | | | |
| Leadership Abilities | | | |
| General Comments: | | | |
| Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) | | | |
| Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) | | | |
| Evaluator's Signature: _____ Date: _____ | | | |

Lake Sunapee Region Visiting Nurse Association and Affiliates

PO Box 2209, New London, NH 03257

Reference Request #2

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____ Date _____

Below this Line is For Completion by the VNA

| Please (X) the appropriate space. | Exceeded requirements | Met requirements | Unsatisfactory |
|---|-----------------------|------------------|----------------|
| Quantity of Work | | | |
| Quality of Work | | | |
| Attitude and Compatibility | | | |
| Attitude and Compatibility | | | |
| Cooperation with Supervisor(s) | | | |
| Responsibility and Dependability | | | |
| Attendance and Punctuality | | | |
| Reaction under Stress | | | |
| Professional Appearance | | | |
| Leadership Abilities | | | |
| General Comments: | | | |
| | | | |
| Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) | | | |
| Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) | | | |
| | | | |
| Evaluator's Signature: _____ | | Date: _____ | |

Lake Sunapee Region Visiting Nurse Association and Affiliates
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Reference Request #3

Name of Reference: _____ Title of Reference: _____

Address of Reference: _____
Street City State Zip

Telephone Number of Reference: (Home) _____ (Work) _____

Name of Business You Know Reference from: _____

Dates Employed by this Reference if Applicable: _____

Type of Association with Reference: _____

I authorize _____ to release employment information about me to Lake Sunapee Region Visiting Nurse Association and affiliates. I release from all liability the company or person completing this reference request and authorize the release of all information regarding my employment or association with them.

Applicant's signature _____ Date _____

Below this Line is For Completion by the VNA

| Please (X) the appropriate space. | Exceeded requirements | Met requirements | Unsatisfactory |
|---|-----------------------|------------------|----------------|
| Quantity of Work | | | |
| Quality of Work | | | |
| Attitude and Compatibility | | | |
| Attitude and Compatibility | | | |
| Cooperation with Supervisor(s) | | | |
| Responsibility and Dependability | | | |
| Attendance and Punctuality | | | |
| Reaction under Stress | | | |
| Professional Appearance | | | |
| Leadership Abilities | | | |
| General Comments: | | | |
| Has the Applicant given the correct dates of employment/acquaintance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) | | | |
| Do you know of any reason we should not hire this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) | | | |
| | | | |
| Evaluator's Signature: _____ | | Date: _____ | |